



## State of Delaware Dental Plan Comparison Chart for Participating Groups (Effective July 1, 2022)

**Please note:** Plan options may vary. Contact your organization's Human Resources/Benefits Office for information regarding your benefits and premiums (rates).

Plan Options	Delta Dental PPO Plan		Dominion National DHMO Plan***	
Plan Type	Preferred Provider Organization (PPO)		Dental Health Maintenance Organization (DHMO)	
Primary Care Provider (PCP) Selection	Not Required		Required	
Coverage Options/ Premiums (Rates)	Total Monthly Premium (Rate)		Total Monthly Premium (Rate)	
Individual	\$37.44		\$27.94	
Individual & Spouse	\$76.42		\$51.96	
Individual & Child(ren)	\$75.02		\$56.00	
Family	\$125.20		\$76.08	
Plan Feature	Delta PPO Dentists**	Delta Premier Dentists & Out-of-Network Dentists**	In-Network	Out-of-Network
Diagnostic and Preventive Services (exams, cleanings, x-rays)	100% covered, not subject to deductible	20% coinsurance, not subject to deductible	100% covered*	Not covered
Deductible (Per plan year)	\$50 per individual/ \$150 per family	\$50 per individual/ \$150 per family	N/A	N/A
Annual Maximum	\$1,500 per individual	\$1,500 per individual	N/A	N/A
Fillings	20% coinsurance after deductible	20% coinsurance after deductible	\$58 per filling (3 surface/silver)	Not covered
Root Canals	20% coinsurance after deductible	20% coinsurance after deductible	\$325 per root canal (anterior tooth)	Not covered
Crowns	50% coinsurance after deductible	50% coinsurance after deductible	\$495 per crown (porcelain/metal)	Not covered
Complete Dentures	50% coinsurance after deductible	50% coinsurance after deductible	\$664	Not covered
Implants, Surgical Placement	50% coinsurance after deductible	50% coinsurance after deductible	\$507	Not covered
Orthodontics (child)	\$50 lifetime deductible, \$1000 lifetime maximum	\$50 lifetime deductible, \$1000 lifetime maximum	\$3,764	Not covered
Orthodontics (adult)	\$50 lifetime deductible, \$1000 lifetime maximum	\$50 lifetime deductible, \$1000 lifetime maximum	\$4,024	Not covered

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**Important Note:**

\* Each family member who receives two cleanings during the plan year from a participating Dominion network dentist receives a \$20 reward.

\*\* Reimbursement is based on PPO contracted fees for PPO dentists, Premier contracted fees for Premier dentists and 80th percentile for non-Delta Dental dentists.

\*\*\*For the Dominion National DHMO Plan please refer to the summary of benefits for a complete list of ADA codes/fees and plan limitations/exclusions.

For more information, visit the Statewide Benefits Office (SBO) website at [de.gov/statewidebenefits](http://de.gov/statewidebenefits).